

KANSAS STATE BOARD OF PHARMACY
LONDON STATE OFFICE BUILDING
900 SW JACKSON ROOM 560
TOPEKA KS 66612
(785) 296-4056
FAX (785) 296-8420

FOR OFFICE USE ONLY

REG NO. _____

DATE _____

FEE \$ 50.00

APPLICATION FOR **NON PRESCRIPTION** DRUG DISTRIBUTOR/WHOLESALE REGISTRATION

The owner hereby makes application as follows:

NAME OF OWNER

ADDRESS OF OWNER

CITY STATE ZIP TELEPHONE

Type of ownership is: _____ Individual _____ Partnership _____ Corporation _____ Other

IF PARTNERSHIP, attach additional listing of names and percentage of ownership.

IF CORPORATION, attach additional listing of officers and owners of stock

IF OTHER, attach additional sheet indicating the type of ownership.

The owner makes application for registration to distribute nonprescription, noncontrolled drugs in the State of Kansas under the name of and at the location as follows:

NAME OF DISTRIBUTOR

PHYSICAL ADDRESS OF DISTRIBUTOR

CITY STATE ZIP COUNTY

MAILING ADDRESS IF DIFFERENT THAN PHYSICAL LOCATION FOR RENEWAL INFORMATION

CITY STATE ZIP TELEPHONE NUMBER

The owner names the following person as the contact agent/authorized representative to do business with the State of Kansas on the owner's behalf:

NAME OF CONTACT AGENT/AUTHORIZED REPRESENTATIVE

ADDRESS OF CONTACT AGENT/AUTHORIZED REPRESENTATIVE

CITY STATE ZIP COUNTY

This application is being made for the following reason: (Check all that apply) Effective Date _____

_____ Original _____ Change of Address _____ Change of ownership _____ Change of business name

In which other state(s) is your facility licensed? _____

Is applicant registered by DEA to dispense controlled substances? _____ Yes _____ No

OWNER/CORPORATE PORTION

I, _____, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire ANNUALLY on the 30th day of June and such registration will be cancelled if not renewed ANNUALLY by the 31st day of July.

SIGNATURE OF OWNER/OFFICER

Signed and sworn to (or affirmed) before me on _____ day of _____, 20_____.

(Seal)

My commission expires _____

SIGNATURE OF NOTARY PUBLIC

AUTHORIZED AGENT PORTION

I, _____, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all statements are true and correct to the best of my knowledge and understands that this registration, if issued, will expire ANNUALLY on the 30th day of June and such registration will be cancelled if not renewed ANNUALLY by the 31st day of July.

SIGNATURE OF AUTHORIZED AGENT

Signed and sworn to (or affirmed) before me on _____ day of _____, 20_____.

(Seal)

My commission expires _____

SIGNATURE OF NOTARY PUBLIC

THIS APPLICATION REQUIRES TWO NOTARIZED SIGNATURES. IF THIS APPLICATION DOES NOT HAVE TWO NOTARIZED SIGNATURES IT WILL DELAY THE PROCESSING OF THE APPLICATION. BOTH THE OWNER/COROPRATE AND CONTACT PERSON/AUTHORIZED REPRESENTATIVE PORTIONS MUST BE SIGNED AND NOTARIZED EVEN IF IT IS THE SAME PERSON.